

Name
in
Full

Baker

CERTIFICATE OF DEATH

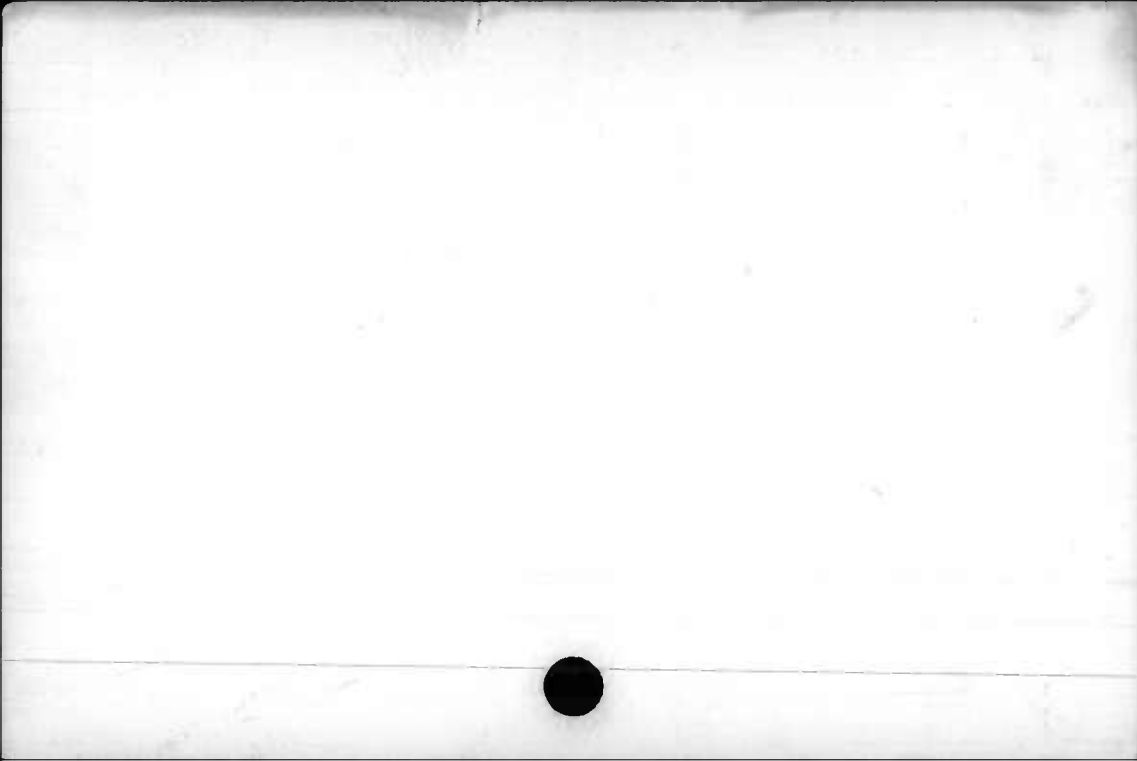
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>11</i>	Age <i>1</i>	Years <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Walter Baker</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Katharine Conpher</i>			Mother's Birthplace <i>md</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Confection of Lungs</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B W Walling</i>
	Address <i>Portersville, md</i>
Accident or Suicide?	



Name
in
Full

John Thomas Budd

CERTIFICATE OF DEATH

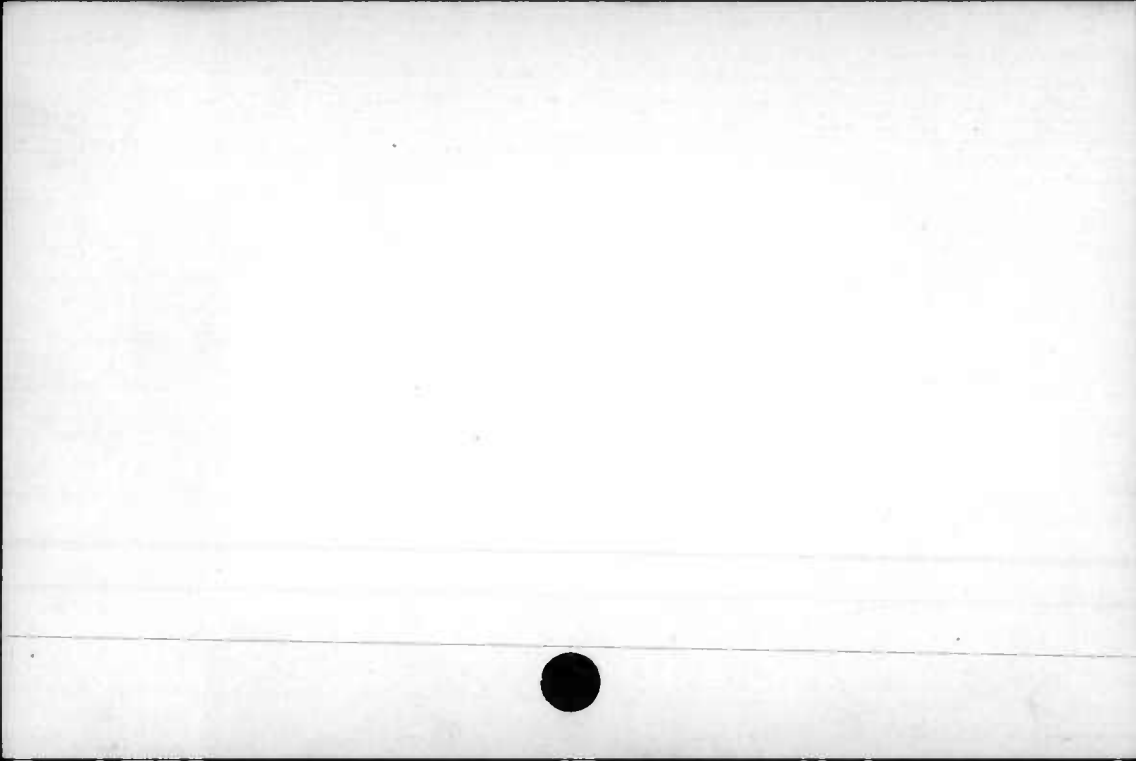
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Expton</i>		County <i>Montgomery</i>		MARYLAND		
Date of death		1905	Month <i>Apr</i>	Day <i>24</i>	Age <i>9</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Expton Md</i>				
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>						
Father's Name <i>John E Budd</i>		Father's Birthplace <i>Wmty Md</i>						
Mother's Maiden Name <i>Mary A Owens</i>		Mother's Birthplace <i>Sandy Spring Md</i>						
Name of person giving information <i>W W M Dorsey</i>		How related to deceased <i>Cousin</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Meningitis</i>	How long	<i>2 Mon</i>
Immediate	<i>"</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W W Dorsey</i>	
<i>Yes</i>		Address <i>Laytonville Md</i>	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

David R. Burrier

CERTIFICATE OF DEATH

Died at ^{Town} Aspen ^{County} Montgomey MARYLANDDate of death 1905 ^{Month} Apr. ^{Day} 28 Age ^{Years} — ^{Month} — ^{Days} 22

Sex Male Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Frank Burrier Father's Birthplace Md

Mother's Maiden Name Sarah J. Knight Mother's Birthplace Md

Name of person giving information Frank Burrier How related to deceased Father

CAUSES OF DEATH

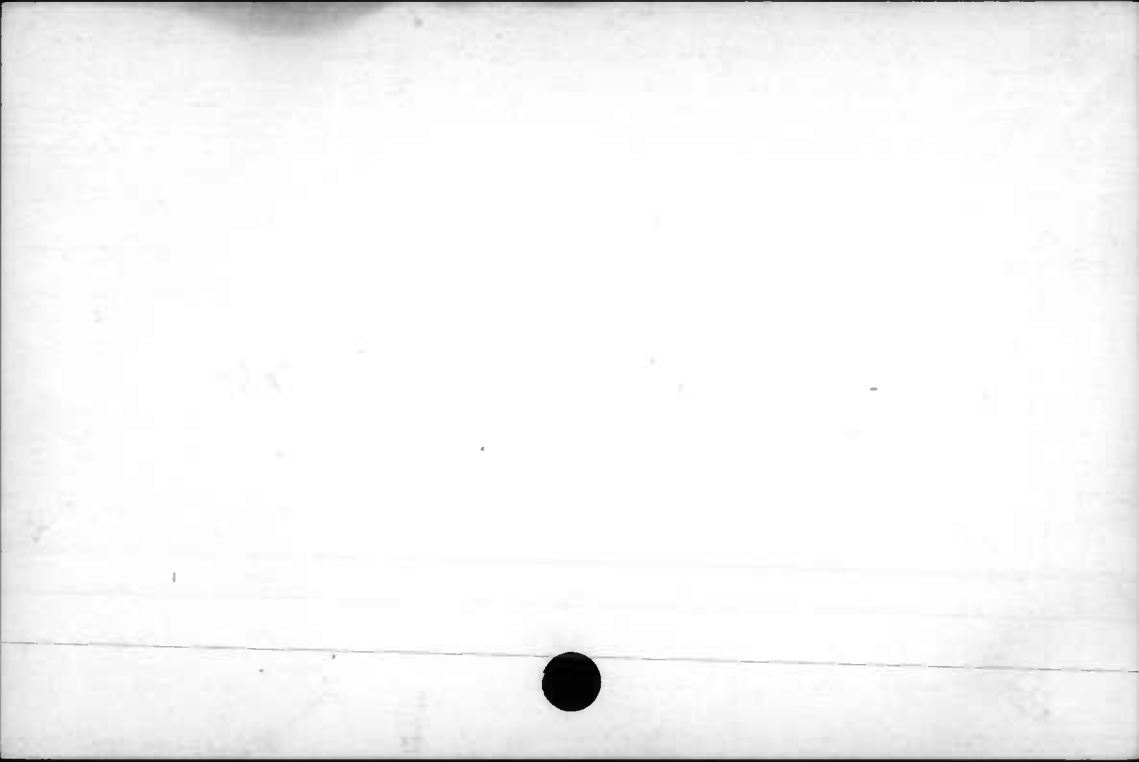
Primary Capillary Bronchitis How long one week

Immediate Capillary Bronchitis How long One week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Eugene Jones

Address Lexington

Accident or Suicide? No



Name
in
Full

Caroline Ruth

English

CERTIFICATE OF DEATH

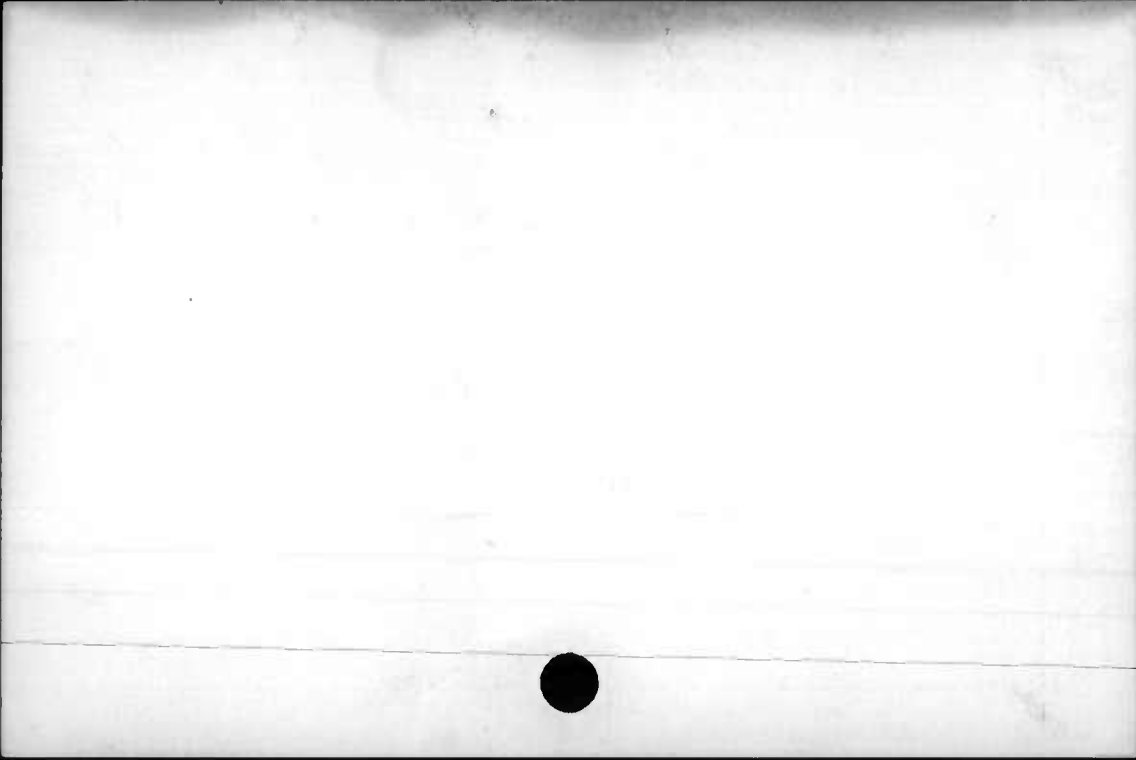
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bluffers</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>April</u> <small>Day</small> <u>6th</u> <small>Years</small> <u>32</u>		<u>7</u> <small>Months</small> <u>13</u> <small>Days</small>			
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Middlebrook</u>			
Occupation <u>Domestic</u>	Where Residing If not at place of death <u>Bluffers Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Single</u>				
Father's Name <u>Joseph R English</u>		Father's Birthplace <u>Middlebrook</u>			
Mother's Maiden Name <u>Mary C. Thompson</u>		Mother's Birthplace <u>Goshen</u>			
Name of person giving Information <u>M W Thompson</u>		How related to deceased <u>uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Miliary Tuberculosis</u>	How long <u>2 yrs</u>
Immediate <u>Inanition</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. R. Simpers</u>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <u>Germantown Md</u>



Name
in
Full

GEO. H. M. GATES

CERTIFICATE OF DEATH

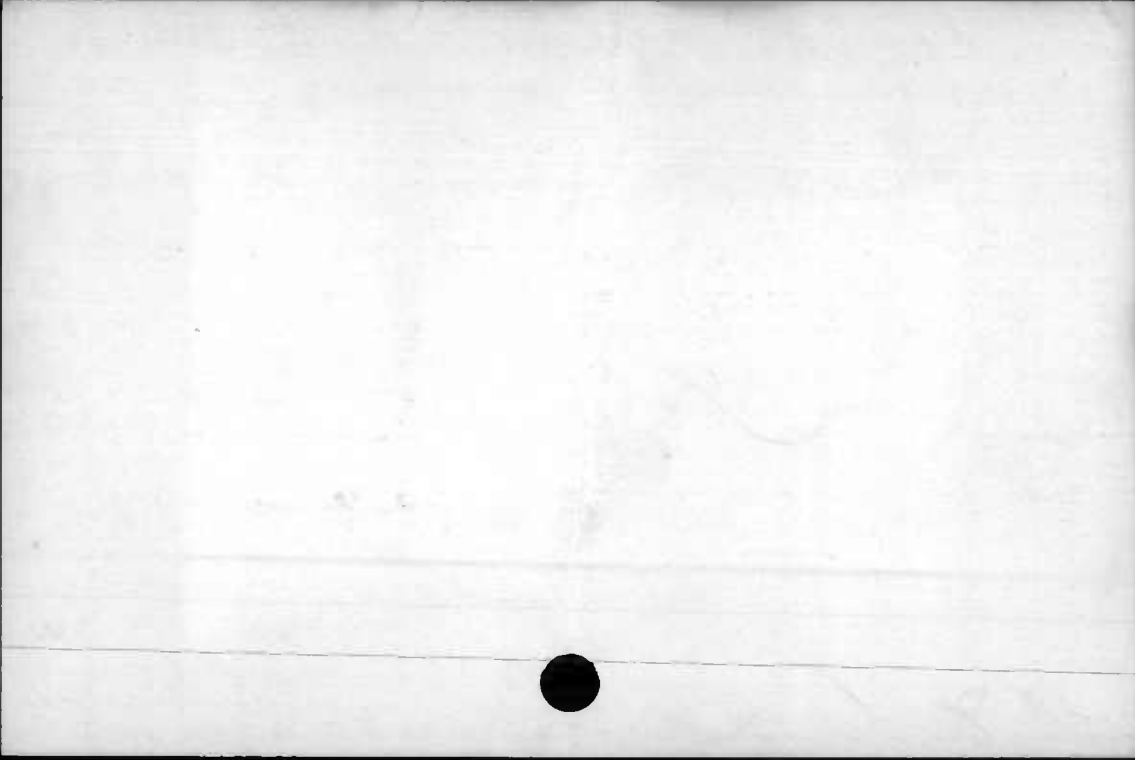
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lay Hill</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>28</i>	Age <i>46</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Richard Gates</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Unknown by son</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>GEO GATES</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>Several yrs.</i>
Immediate <i>Paralysis of Heart</i>	How long <i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. D. Brown</i>
<i>Yes</i>	Address <i>Silver Spring</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mrs Mary D. Harris

Town

County

Died at

MARYLAND

Died at *Trinitah* *Montgomery Co.*
 Date 189 *5* *April* *1894* *66* *-* *-* *Maryland* *Housewife*
 Male *White* *Married* *Widow* *Divorced*
 Female *Colored* *Single* *Widower* Number of children living *3*

Husband

of

Wife

Father's

Name

Benjamin Harris
Drill

Mother's

Name

79

Cause of

Primary

Rheumatism Mitral Stenosis

How long sick *3 or 4 years**Ill 3 weeks*

Death

Immediate

nebulitis -
Anasarca; Asphyxia

Accident, Suicide, Homicide

Reported by

L. H. Fournel M.D.

Address

Darrestown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name
in
Full

Mary A. Hopkins

CERTIFICATE OF DEATH

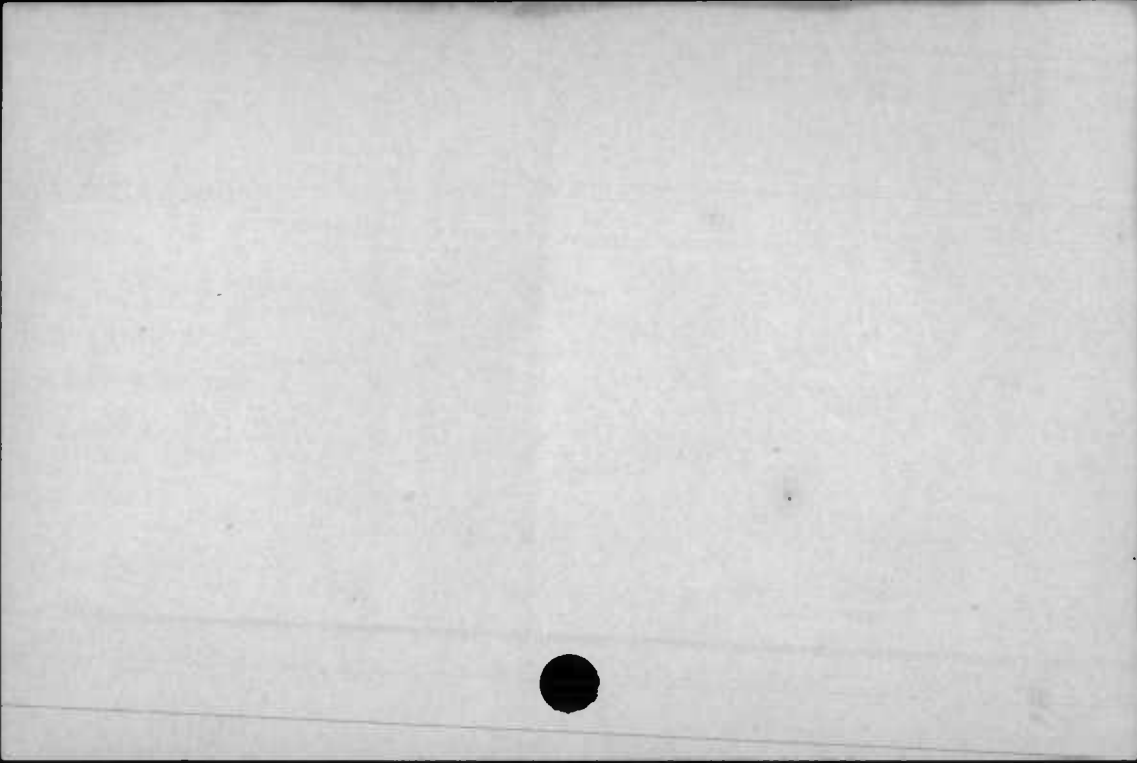
Died at <i>Sandy Spring</i> ^{town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>April</i> ^{Month}	<i>8</i> ^{Day}	Age <i>41</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Edward Hopkins</i>	Father's Birthplace <i>Montg. Co. Md.</i>		Mother's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Angelina Hopkins</i>	Name of person giving information <i>Samuel P. Hopkins</i>		How related to deceased <i>Brother</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Ulceration of the stomach</i>	How long <i>5 months</i>
Immediate <i>Asthemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Lee. Farquhar.</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Jane Johnson

CERTIFICATE OF DEATH

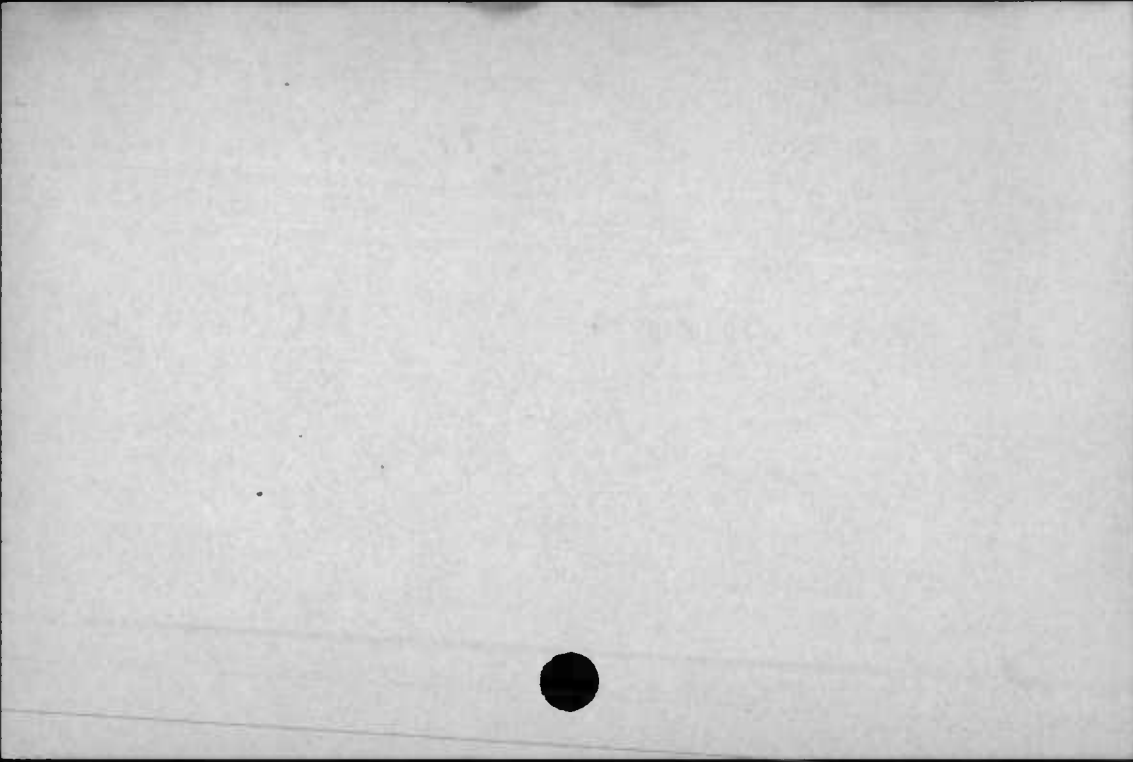
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brimlow</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1905	Month	<i>April</i>	Day	<i>25th</i>	Age	Years <i>77</i>
Sex		<i>Female</i>		Color or Race		<i>Colored</i>	
Birth-place		<i>Howard Co. Md.</i>					
Occupation				Where Residing if not at place of death			
<i>Housewife</i>							
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Remus Johnson</i>	
Father's Name		<i>Owen Green</i>				Father's Birthplace	
						<i>Howard Co. Md.</i>	
Mother's Name		<i>Rachel Green</i>				Mother's Birthplace	
						<i>Howard Co. Md.</i>	
Name of person giving information		<i>Remus Johnson</i>				How related to deceased	
						<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>A poplery</i>	How long	<i>12 weeks</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>Chas. Farguehan</i>	
Address		<i>Ches.</i>	
Accident or Suicide?		<i>Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm Linel Johnson

Died at *Grifton* Town *Montg* County

MARYLAND

Date of death *1905* Month *April* Day *6* Age Years *1* Months *9* Days *13*

Sex *Male* Color or Race *Colored* Birth-place *Grifton*

Occupation _____ Where Residing if not at place of death *Grifton*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *George Dorsey* Father's Birthplace *Grifton*

Mother's Maiden Name *Maggie Johnson* Mother's Birthplace *Grifton*

Name of person giving information *Minnie Johnson* How related to deceased *Aunt*

CAUSES OF DEATH

Primary *Rachitis* How long *10*

Immediate *Capillary Bronchitis* How long *Three days*

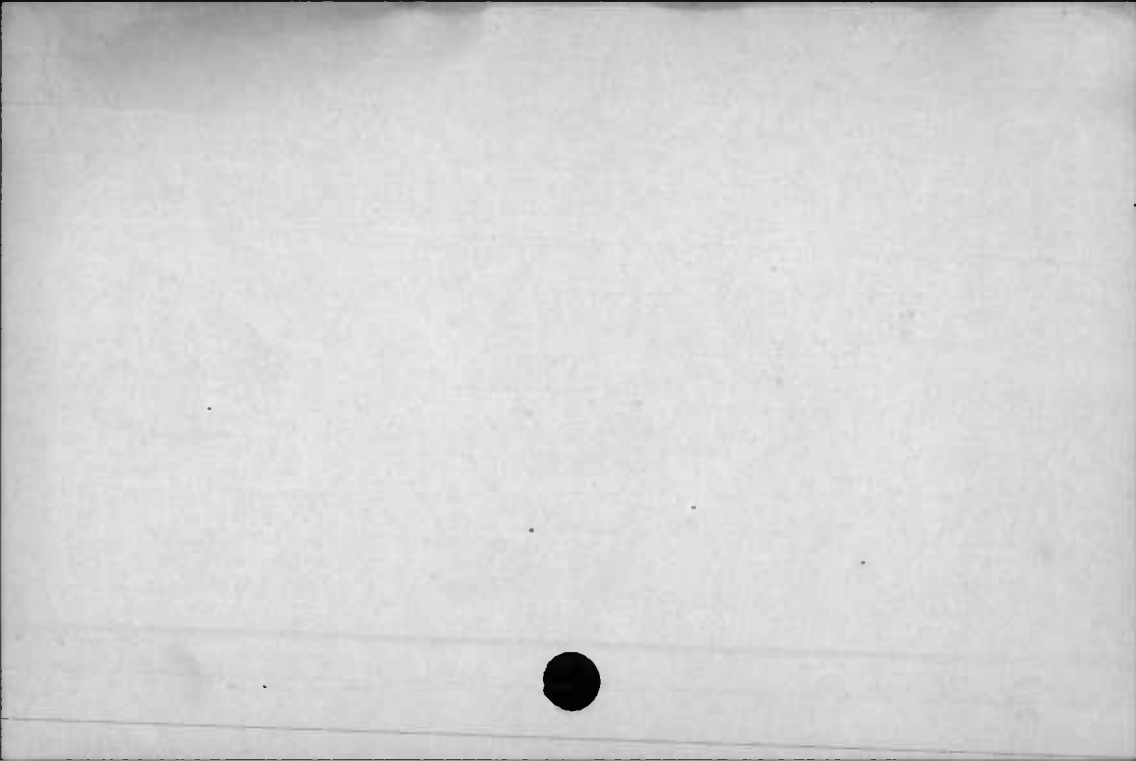
Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *W. F. Green* Address *Brookville, Md.*

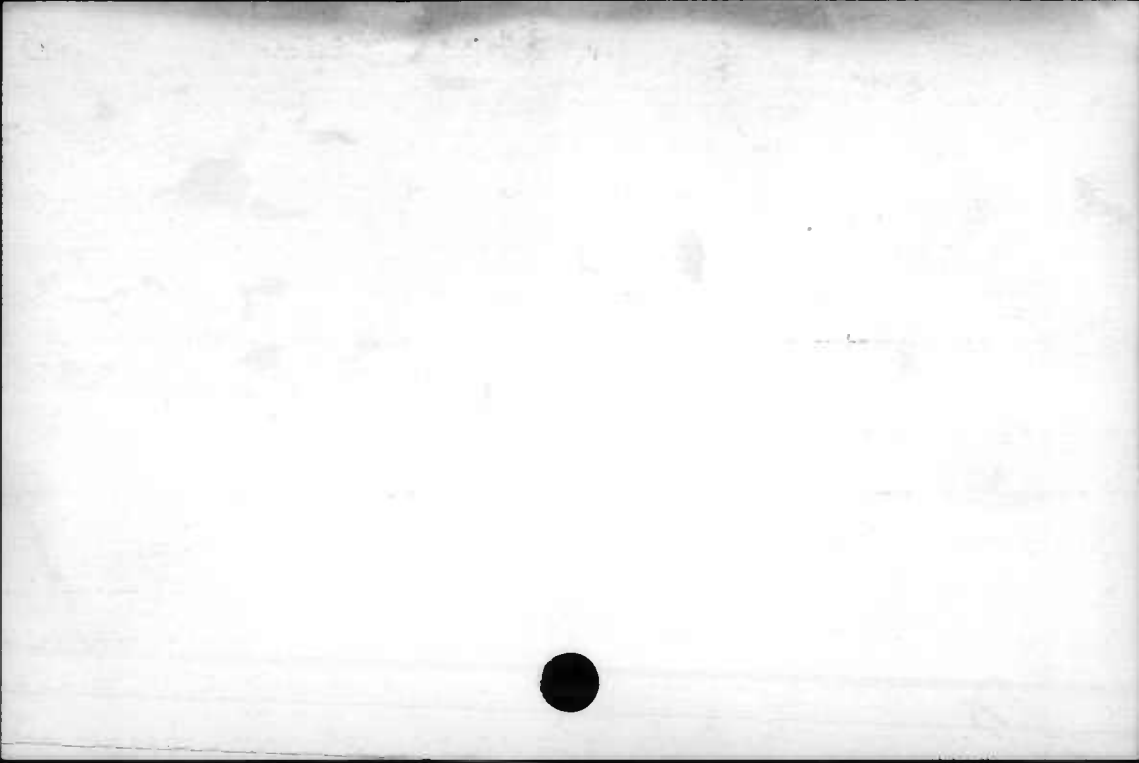
Accident or Suicide? ☒

PHYSICIAN

or Coroner



Name in Full		Town		County		CERTIFICATE OF DEATH									
Elizabeth A. Jones		Kensington		Montgomery		MARYLAND									
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1905		Apr.		27		72		8		13					
Sex		Female		Color or Race		White		Birth-place		Md					
Occupation		None		Where Residing if not at place of death		Same									
Married, Single or Widowed		Widow		Name of Wife or Husband		Wm J Jones (deceased)									
Father's Name		Mrs. Jones		Father's Birthplace		Md									
Mother's Maiden Name		Eagles Jones		Mother's Birthplace		Md									
Name of person giving information		Eagles Jones		How related to deceased		Son									
CAUSES OF DETH															
Primary		Chronic Nephritis		How long		6 months									
Immediate		Uremic Poisoning		How long		5 days									
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Eagles Jones									
Address		Kensington													
Accident or Suicide?		No													



Minnie Lyles
 Town County

Died at Derrisdale Mont.
 Month Day Y. M. D.

MARYLAND

Date 19 00 April 21 Age 19
 Male ~~White~~ ~~Married~~ ~~Widow~~ U. S. Servant.
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of —
 Wife

Father's Name Vachel Lyles Mother's Maiden Name Clarissa Lyles

Cause of Death { Primary Influenza How long sick 3 weeks
 Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by P. J. Larrsdale M. D.

Address Damascus Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Albata Magnuder

CERTIFICATE OF DEATH

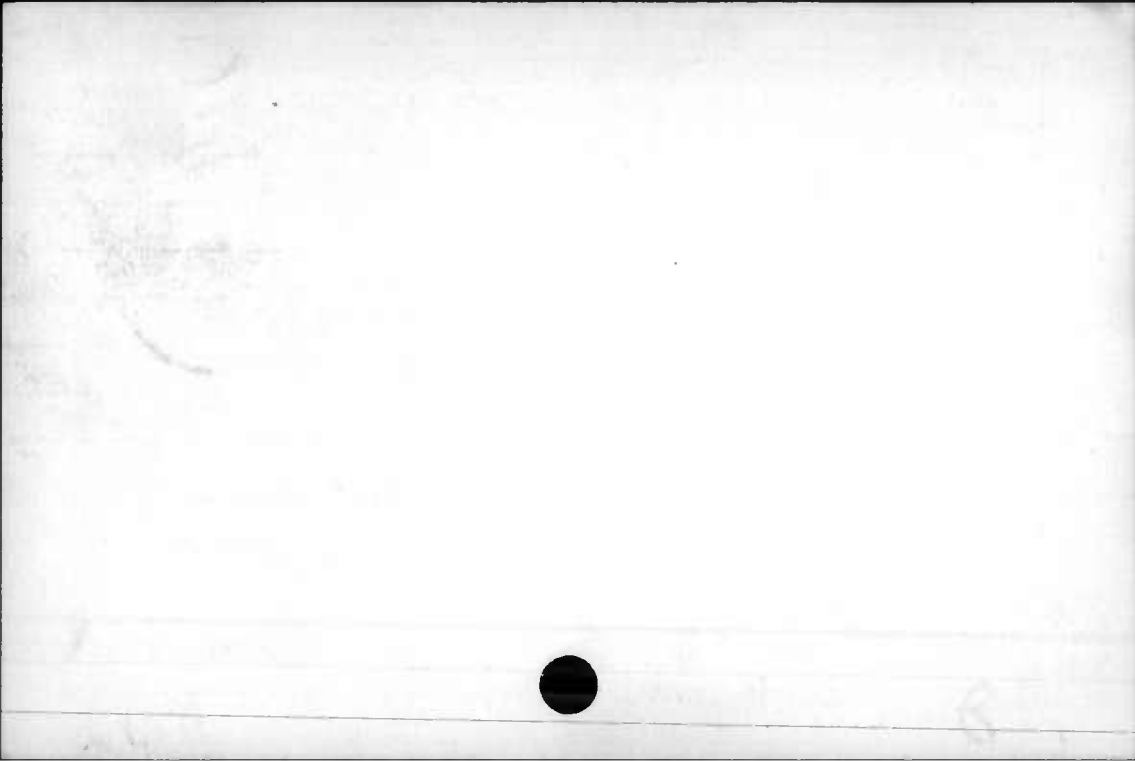
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Rockville Md</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1905	Month	7 4	Day	2nd	Age	38
Sex	Female		Color or Race	Colored		Birth-place	Md
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Lewis Magnuder			
Father's Name	Jno. Daphney				Father's Birthplace	Md	
Mother's Maiden Name	Jane Jacobson				Mother's Birthplace	Md	
Name of person giving Information	Lewis Magnuder				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia, Tuberculosis		How long	1 year
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. M. Linthicum
			Address	Rockville
Accident or Suicide?		No		Md



Name in Full

Certificate of Death

Hewrietta E.
~~Henrietta E.~~ ~~Brown~~

Town

County

Died at

Olney

Montgomery

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

4

21

Age

61-3

Md

House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 1-

Husband

of

Edward W. Brown

Father's

Name

John Bremner

Mother's

Name

Catharine Bremner

Cause of

Primary

Heart trouble. Sclerotic 2 years

Death

Immediate

extensive dropsy

How long sick

Accident, Suicide, Homicide

Reported by

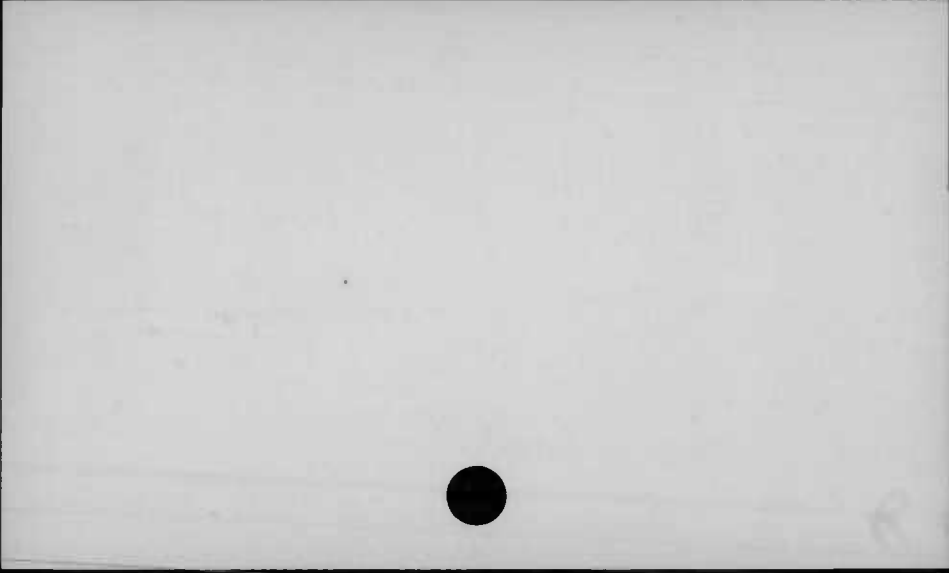
Roger Brink

Address

Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Mary C. Prout</i>		Town <i>Rockville</i>		County <i>Montgomery</i>	
Died at		Date of death <i>1905</i>		Age <i>17</i>	
Month <i>4</i>		Day <i>18</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William D. Prout</i>		Father's Birthplace <i>Washington D.C.</i>			
Mother's Maiden Name <i>Rachel Fowler</i>		Mother's Birthplace <i>New York</i>			
Name of person giving information <i>Nannie Dinson</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long <i>179</i>	<i>Three months</i>
Immediate	<i>Exhaustion</i>	How long <i>1</i>	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Jno Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at near Rockville ^{Town}Montgomery ^{County}Date of death 1905 Apr. ^{Month}Day 15Age 35 ^{Years}Months —Days —Sex MaleColor or Race ColoredBirth-place IndOccupation LaborerWhere Residing if not at place of death —Married, Single or Widowed NoName of Wife or Husband X

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

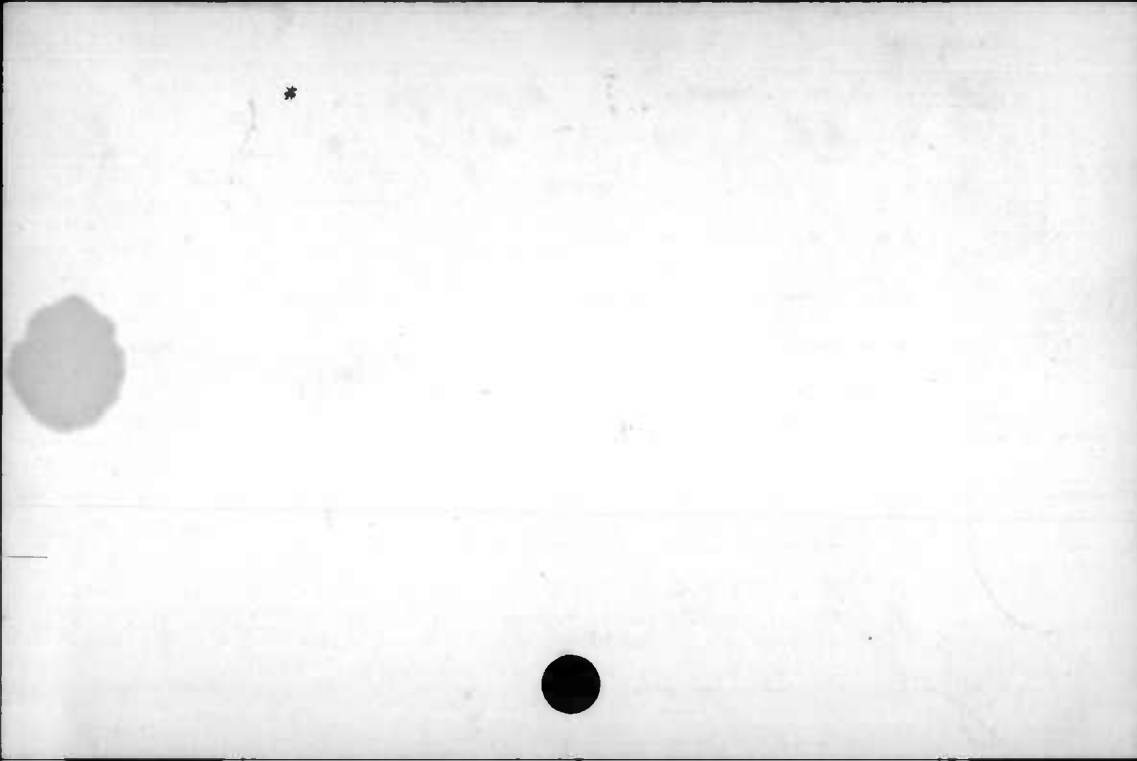
Pulmonary TuberculosisHow long 1 year

Immediate

ExhaustionHow long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician A. M. LintnerAddress RockvilleAccident or Suicide? No



Name in Full

Certificate of Death

Sidney E. Rosenthal

Town

County

Died at Forest Glen Montgomery

MARYLAND

Date April 21 1905 Age 37-3-13 U. S. Merchant

Male

White

Married

Widow

Divorced

Occupation

Merchant

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name Emil Rosenthal

Mother's

Name

Rosenthal
Ernestine SchoolhereCause of
Primary

Progressive Paralysis

How long sick

6 years.

Death
Immediate

General exhaustion

~~Accident, Suicide, Homicide~~

Reported by

G. A. Wright M. D.

Address

Forest Glen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name
in
Full

Richard Thomas Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sweden ^{Town} Montgomery ^{County} **MARYLAND**

Date of death 1905 ^{Month} April ^{Day} 21 ^{Years} 61 ^{Months} 5 ^{Days} 16

Sex male Color or Race white Birth-place md

Occupation Farmer Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband Bessie Coshell

Father's Name W. Ray Father's Birthplace md

Mother's Maiden Name Jane Lovelace Mother's Birthplace md

Name of person giving information Jane Ray How related to deceased Sister

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 2 yrs

Immediate Exhaustion How long 2 yrs

Are the name, age, sex, color, date and place correctly given above?

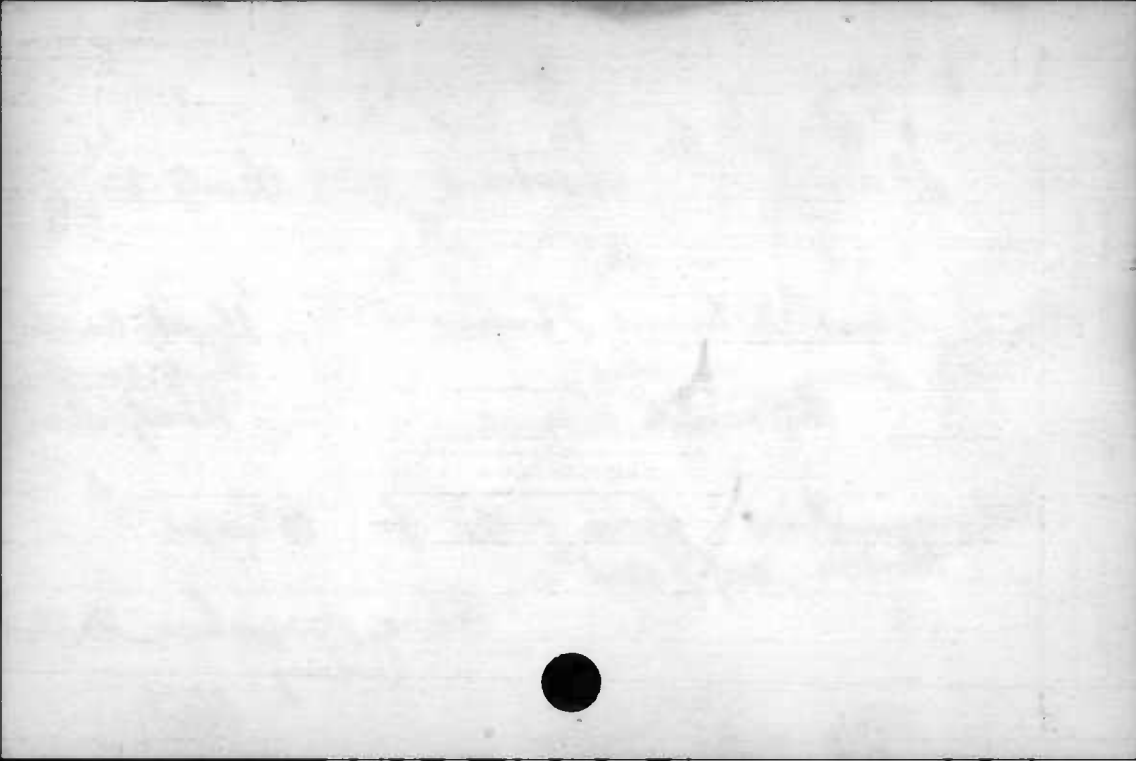
yes

Signature of Physician

Address

W. L. Lewis M.D.
Rockingham
MA

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

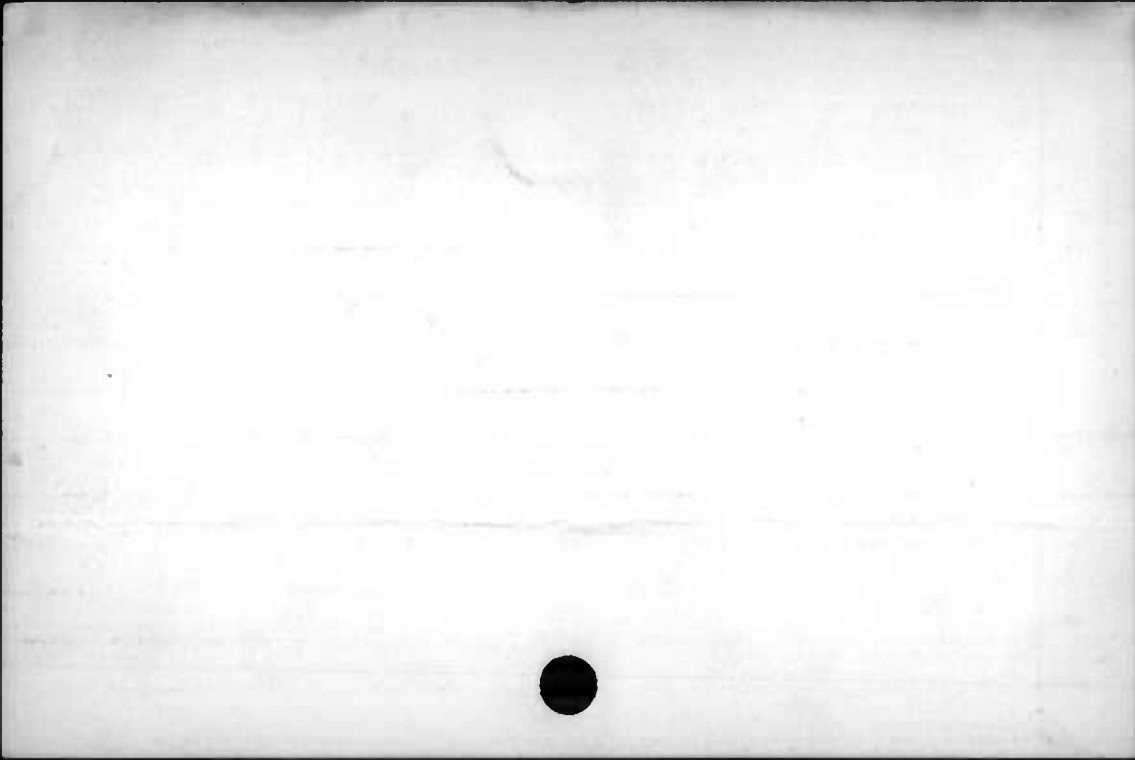
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Stewart</i>		Town <i>Germanstown</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Germanstown</i>		Month <i>4th</i>		Day <i>29</i>		Years <i>80</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Alice Stewart</i>					
Father's Name <i>James Stewart</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Son</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>5 years</i>
Immediate <i>Embolia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. H. Samuels</i>
	Address <i>Germanstown, Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i> ^{Town}		<i>Thomas</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>April</i> ^{Month}	<i>2</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married Single			Name or Wife or Husband <i>—</i>		
Father's Name <i>Chas. Edward Thomas</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Annie Lincoln</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>William H. Thomas</i>			How related to deceased <i>Grandfather</i>		

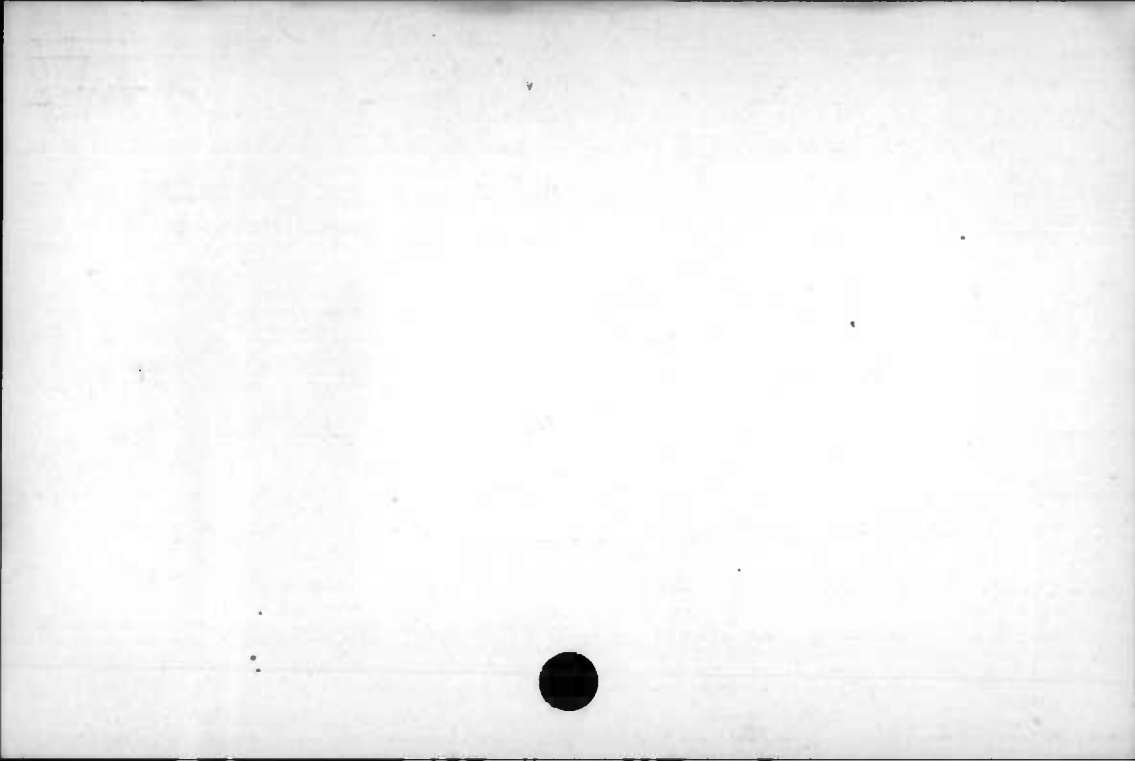
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture of femur from fall of</i>	How long <i>10 hours</i>
Immediate <i>Wound suffered</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. Farguehan, M.D.</i>
	Address <i>Olney, Md.</i>
Accident or Suicide? <i>2</i>	



Name in Full Ruth L. Titus		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Southern Heights ^{Town} Montgomery ^{County}		MARYLAND
	Date of death 1905	Month 4	Day 10
	Age 0		Months 1
	Sex Female		Color or Race white
	Occupation <input checked="" type="checkbox"/>		Birth-place Southern Heights, Md.
	Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed		Name of Wife or Husband	
Father's Name		Father's Birthplace New York	
Mother's Maiden Name		Mother's Birthplace Colorado	
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	The Grip	How long 4 days
	Immediate	Cardiac Neurosthenia	How long
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John L. Lewis M.D.
			Address Bethesda Md.
	Accident or Suicide? no		



Name
in
Full

H. M. Valdenar

CERTIFICATE OF DEATH

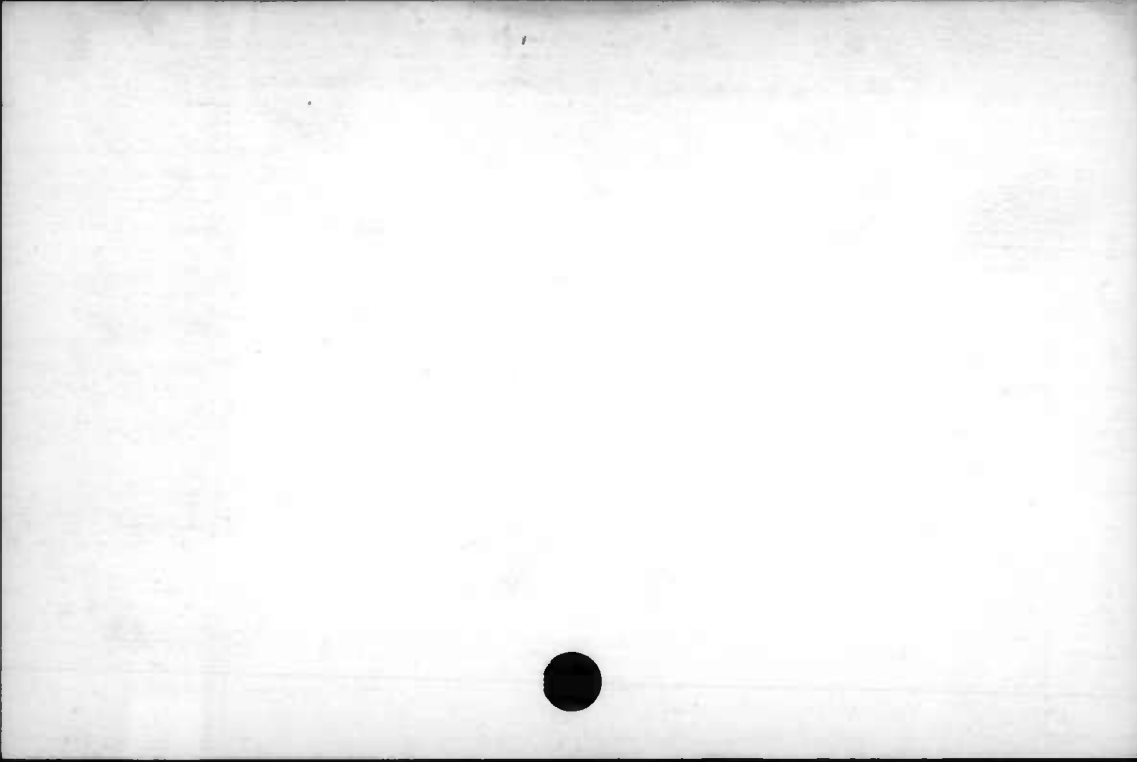
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Calvernia		Montgomery		MARYLAND	
Date of death	1905	Month	April	Day	6	Age	62
						Years	6
						Months	9
Sex	Male		Color or Race	American		Birthplace	Ind
Occupation	Farmer			Where Residing if not at place of death			
				Same			
Married, Single or Widowed	Married		Name of Wife or Husband	Vigie. Kemp Valdenar			
Father's Name	H. M. Valdenar				Father's Birthplace	Ind	
Mother's Maiden Name	Mary Ralston				Mother's Birthplace	Ind	
Name of person giving information	Vigie. Kemp Valdenar				How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Immediate	Rheumatism & Sclerosis of the arteries		How long	Several yrs
	Apoplexy		How long	Two minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Eugene Jones
			Address	Livingston
Accident or Suicide?				



Name
in
Full

Ordelle Freda Viett

CERTIFICATE OF DEATH

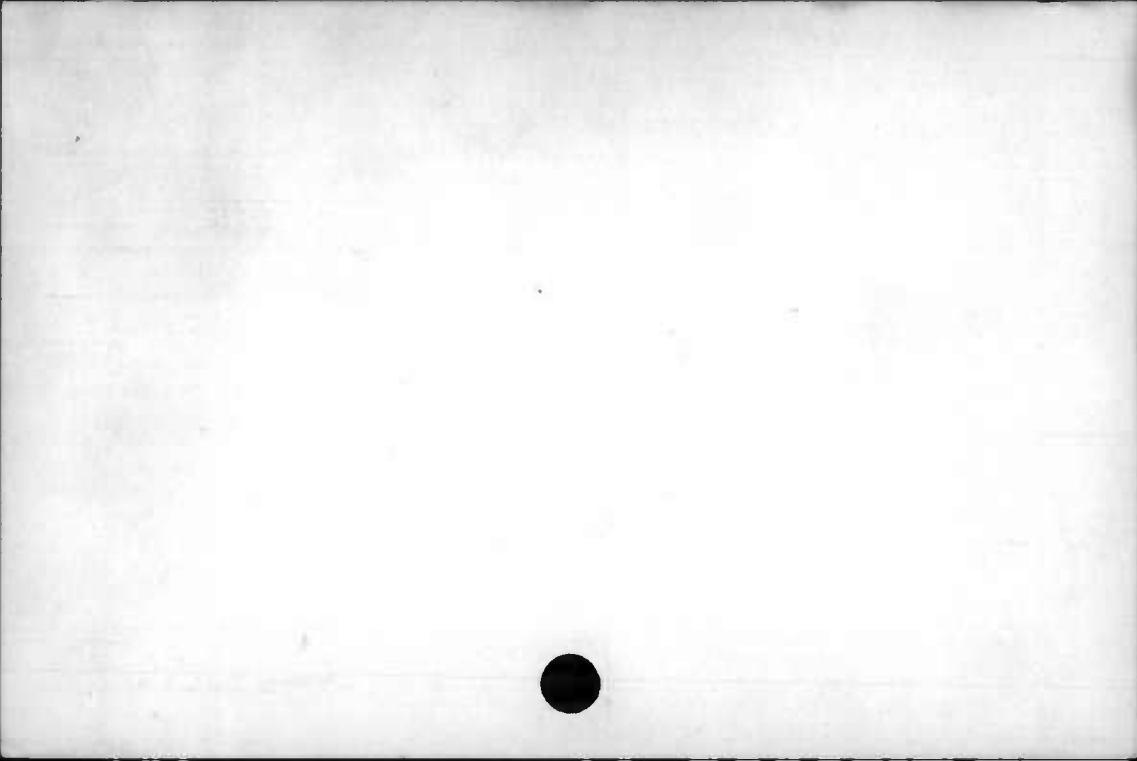
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>15</i> <small>Years</small>	<i>4</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Rockville, Md.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William E. Viett</i>	Father's Birthplace <i>Rockville, Md.</i>				
Mother's Maiden Name <i>Irene Van Omptins (Viett)</i>	Mother's Birthplace <i>Nebraska</i>				
Name of person giving Information <i>Minnie Viett</i>	How related to deceased <i>Aunt</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute congestion Lungs</i>	How long	<i>24 hrs</i>
Immediate	<i>Heart failure</i>	How long	<i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>George E. Lewis, M.D.</i>
		Address	<i>Rockville, Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Washiter Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		April	13	16			7
Sex	Female	Color or Race	Black	Birth-place	Laytonville		
Occupation				Where Residing if not at place of death	Laytonville		
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Dabe Williams				Father's Birthplace	Montgomery	
Mother's Maiden Name	Beriah Scott				Mother's Birthplace	" "	
Name of person giving information	" "				How related to deceased	mother	

CAUSES OF DEATH

Primary	Puerperal Eclampsia	How long	12 hours
Immediate		How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

y20

Signature of Physician

Address

J. H. Brown
Laytonville

Accident or Suicide?

